

Supplemental Digital Content 1

Clinician Survey of Knowledge, Attitudes and Barriers regarding

Vulvovaginal Atrophy and Urinary Conditions

Knowledge questions (correct answer in bold)

1. Vulvovaginal atrophy affects up to what percentage of postmenopausal women?

- a. 10%
- b. 20%
- c. 50%**
- d. 75%

2. Which of the following statements about vulvovaginal atrophy is *false*?

- a. It is associated with loss of vaginal elasticity and lubrication.
- b. It may result in recurrent UTIs.
- c. Symptoms are usually limited to sexually active women.**
- d. Symptoms may worsen over time unless treated.

3. Which, if any, of the following must be used to confirm a diagnosis of atrophic vaginitis in a woman with obvious physical signs of atrophy.

- a. Serum estrogen level
- b. Wet mount
- c. pH test
- d. None of the above**

4. For treatment of vulvovaginal atrophy which of the following statements is *false*?

- a. Systemic estrogen therapy generally improves urinary incontinence**
- b. Some women on lower-dose systemic hormone therapy regimens continue to have vaginal atrophy symptoms
- c. Over-the-counter lubricants and low dose vaginal estrogen are appropriate as first line treatment for mild to moderate vulvovaginal atrophy
- d. Systemic estrogen therapy and low-dose local estrogen therapy may be prescribed together

5. When treating women for vulvovaginal atrophy which of the following statements is *false*?

- a. Vaginal estrogen creams, local-estrogen ring, and tablets are equally effective at doses recommended in labeling.
- b. Local estrogen therapy should only be used short-term**
- c. It may take up to 6 weeks to see improvement with vaginal estrogen.
- d. Up to 90% of women treated with vaginal estrogen report subjective improvement of symptoms.

6. For women receiving low-dose local estrogen therapy the following statement is true:

- a. Progestational endometrial protection is usually necessary

- b. Routine endometrial surveillance with vaginal ultrasound or endometrial biopsy is recommended for women using low-dose vaginal estrogen long-term
- c. Patients receiving more vaginal estrogen than recommended in package labeling require no additional surveillance
- d. All patients with vaginal spotting or bleeding should be evaluated**

7. Which of the following is *false* regarding the treatment of symptomatic vulvovaginal atrophy in postmenopausal women with a history of estrogen-receptor positive breast cancer?

- a. Symptomatic women should be advised to try Vitamin E oil, as it has been shown to be more effective than water- or silicone-based lubricants.**
- b. First-line therapy is to advise regular use of long acting vaginal moisturizers 3-4 times weekly and lubricants for intercourse
- c. If regular use of long acting vaginal moisturizers is ineffective, a trial of low-dose, topical estrogen therapy may be considered after consultation with the patient's oncologist.
- d. Vaginal estrogen is not an option for women taking aromatase inhibitors

8. Local estrogen therapy is an effective treatment for all urinary issues below except:

- a. Urinary frequency, urgency and urge incontinence
- b. Urethral caruncle
- c. Prevention of recurrent urinary tract infections
- d. Lichen sclerosis**

Practice Assessment Questions

How likely are you to assess a postmenopausal patient for vulvovaginal atrophy (VVA) as part of a routine visit, if she has not mentioned symptoms?

- Highly likely
- Likely
- Maybe
- Unlikely
- Highly unlikely

How would you rate your confidence in your ability to counsel/educate your patients on vaginal discomfort related to menopause?

- Very high
- High
- Medium
- Low
- Very low

How would you rate your confidence in your ability to counsel your postmenopausal patients with VVA on the risks/benefits of local estrogen therapy?

- Very high
- High
- Medium
- Low
- Very low

Which of the following are barriers to identification and treatment of VVA among patients in your practice? (Check all that apply)

- ☐ Lack of time to discuss VVA with your patients during the clinic visit
- ☐ Lack of your knowledge about diagnosis and treatment of VVA
- ☐ Lack of support tools for diagnosis and management
- ☐ Lack of educational materials for your patients
- ☐ Discomfort discussing sexual concerns with your patients
- ☐ Discomfort with discussing urinary concerns with your patients
- ☐ Your patients' discomfort with raising or discussing vulvovaginal concerns with you
- ☐ Concern about increasing the risk of breast cancer by prescribing local estrogen therapy
- ☐ The HEDIS warning for estrogen as a high-risk medication in elderly women
- ☐ The FDA black box warning in vaginal estrogen product labeling
- ☐ The high cost of vaginal estrogen treatments
- ☐ Patient dissatisfaction with current options for local estrogen, e.g. the messiness of creams, the challenge of using an Estring, etc.
- ☐ Other _____